

CONSORTIUM AGREEMENT BETWEEN CONCORDIA UNIVERSITY CHICAGO AND COLLEGE OF DUPAGE

I understand this Consortium Agreement would allow me to apply any excess financial aid in which I am eligible as a Concordia University Chicago (Home School) student to cover part or all of my tuition and fees at College of DuPage (Host School). This agreement will only be valid between Concordia University Chicago and College of DuPage for the semester listed.

TO BE COMPLETED BY STUDENT:

STUDENT SECTION

Please read and initial each section below:

- _____ I understand that I am applying to receive financial aid only from Concordia University Chicago.
- _____ I understand that the courses within this agreement must be applicable to my degree.
- _____ I understand that I must meet Satisfactory Academic Progress in order to qualify for financial aid.
- _____ I understand that if I withdraw from any courses at College of DuPage during the designated period of this agreement, I must contact the Office of Financial Aid at Concordia University Chicago.
- _____ I understand that if I am eligible for a tuition refund, a **Refund Form** must be completed with Student Business Services at Concordia University Chicago. (This form may be obtained on Concordia Connect by clicking on the Finance tab.)
- _____ I understand that if my financial aid does not cover all or part of my bill at College of DuPage, payment arrangements will be required with College of DuPage.

I authorize Concordia University Chicago to pay College of DuPage for my tuition and fees for any course(s) listed utilizing my financial aid availability. I understand and agree with the terms and conditions of this Consortium Agreement.

Student Signature

Date



Office of Financial Aid
 7400 Augusta Street
 River Forest, IL 60305
 (708) 209-3113 – Phone
 (708) 488-4102 - Fax

**CONSORTIUM AGREEMENT BETWEEN
 CONCORDIA UNIVERSITY CHICAGO AND COLLEGE OF DUPAGE**

The Office of Financial Aid at Concordia University Chicago and the Office of Financial Aid at College of DuPage agree to enter into a Consortium Agreement for:

TO BE COMPLETED BY PROGRAM ADVISOR

CONCORDIA UNIVERSITY CHICAGO PROGRAM ADVISOR SECTION

Student Name	Student SS#	Academic Year	Semester

Enrollment Verification Form*

Start Date	End Date	Course #	Course Title	# of Credit Hours
_ / _ / _	_ / _ / _	_____	_____	_____
_ / _ / _	_ / _ / _	_____	_____	_____
_ / _ / _	_ / _ / _	_____	_____	_____
_ / _ / _	_ / _ / _	_____	_____	_____
_ / _ / _	_ / _ / _	_____	_____	_____

***Please attach a copy of your official registration slip and tuition bill from College of DuPage.**

I have verified each consortium course(s) listed on this agreement to be applicable to the student's degree at Concordia University Chicago.

CUC Program Advisor Signature

Date



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SECTION I.

FINANCIAL AID OFFICE - HOME SCHOOL

1. The student listed on this agreement meets the financial aid eligibility requirements at Concordia University Chicago.
2. Concordia University Chicago agrees to be billed for the listed course(s) on this agreement and will pay College of DuPage based on the student's financial aid eligibility.

Financial Aid Representative:

Printed name: _____

Title: _____

Telephone Number: _____

Signature: _____ Date: _____

SECTION II.

FINANCIAL AID OFFICE - HOST SCHOOL

1. College of DuPage agrees to not provide financial aid for the student listed on this agreement including but not limited to Federal Grants, Direct Loans, and/or campus-based programs.
2. The costs listed below are accurate and up to date for the course(s) listed on this agreement.

Host Institution Total Tuition	Host Institution Mandatory Fees

Financial Aid Representative:

Printed name: _____

Title: _____

Telephone Number: _____

Signature: _____ Date: _____